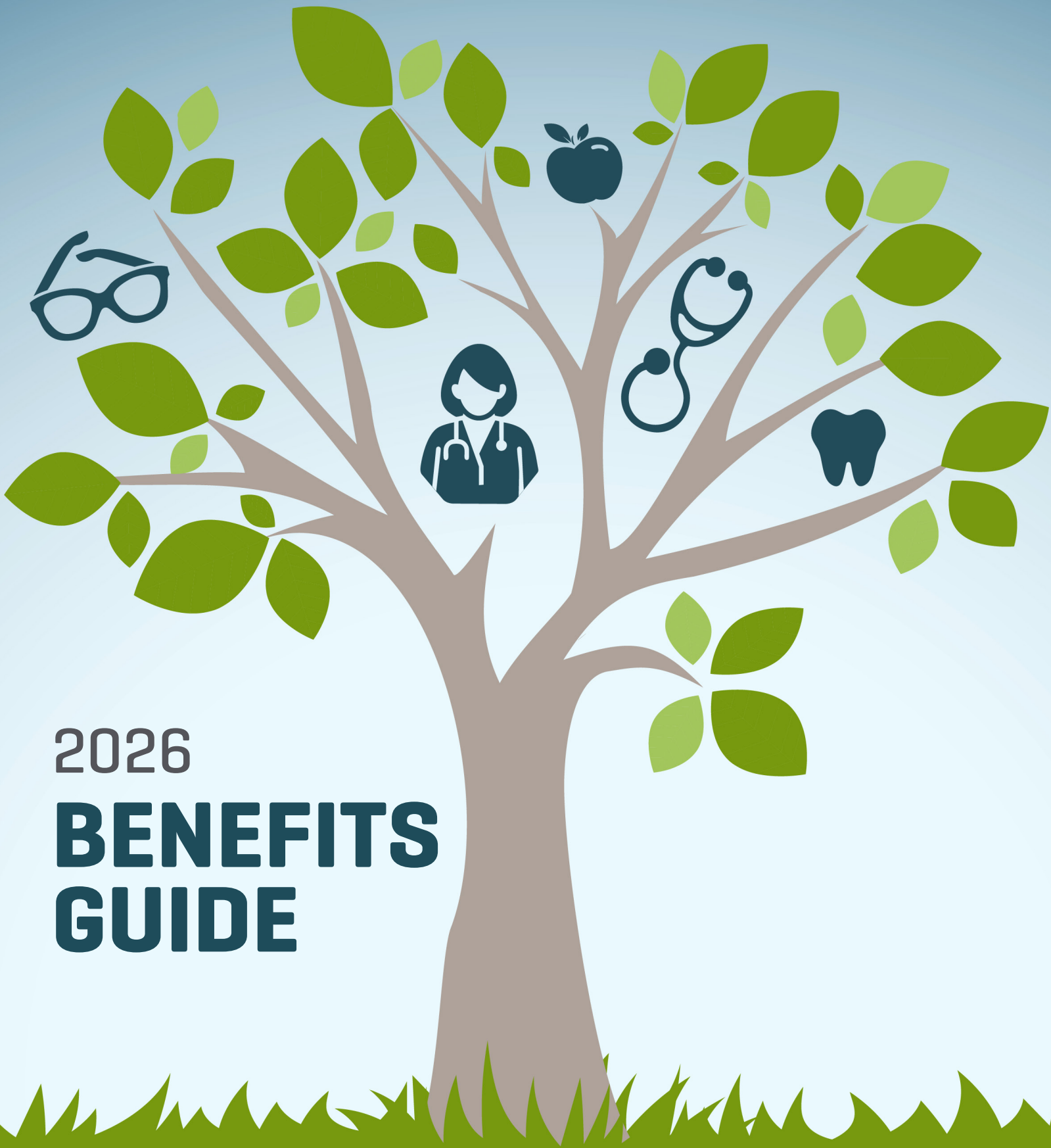


2026

BENEFITS GUIDE

SiteOne
LANDSCAPE SUPPLY

2026 Benefits Guide

As a valued associate of SiteOne, your health and wellness are a top priority. The benefits we offer are an important part of our vision: to be a great place to work for our associates.

We work hard every year to evaluate the benefit offerings to make sure we provide the right plans that take the best care of you and your family's needs, so you can always be at your best, both at work and at home.

We encourage you to review this guide, so you are familiar with the many benefits available to you and your family. We hope you find this guide to be a helpful tool as you make your benefit choices.

This guide is an introduction to your benefits and for further details, please refer to your plan benefit booklets or summary plan descriptions (SPDs) located under the Benefits and Pay section of Workday.

Medicare Part D Notice
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

Table of Contents

Benefits Basics

Eligibility

You are eligible for benefits on the first day of the month following 30 days of employment when regularly scheduled to work at least 17.5 hours per week.

DEPENDENTS

You may enroll your eligible dependents in the same plans you choose for yourself, including medical, dental, vision, and most optional plans. Eligible dependents may include the following:

- Your legal spouse or domestic partner
- Your children or domestic partner's children up to age 26
- Your unmarried dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support

Due to required government reporting, please remember that all covered dependents must be entered with their legal name and social security number as printed on their social security card.

*Benefits coverage terminates on your last day of employment for you and your dependents. Medical, dental and vision benefits for dependent children who are not disabled terminate on the last day of the month in which they turn 26.

Making Changes During the Year

The choices you make during Open Enrollment or when you first become eligible remain in effect for the remainder of the year. Once you are enrolled, you must wait until the next Open Enrollment period to change your benefits and add or remove coverage for dependents, unless you have a Qualified Life Event (QLE) as defined by the IRS.

Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Loss of other health coverage
- New eligibility for other health coverage
- Change in your dependent's eligibility status

You have 31 days from the life event date to make changes to your coverage. You can log in to Workday to make this change. If you need assistance, you can contact the HR Service Team via the AskHR portal at **siteone.service-now.com/asksiteone** or by calling **470.277.7100**.

Please Note

You must submit proof of dependent status within 30 days whenever you add a dependent to coverage (marriage certificate, birth certificate, etc.). Be prepared to upload your documents in Workday when creating your QLE. If you need assistance, please contact the HR Service Team via the AskHR portal at **siteone.service-now.com/asksiteone** or by calling **470.277.7100**.

Ready to Evaluate Medicare?

Medicare can be complicated. Figuring out the rules — not to mention how Medicare works with or compares to your employer-provided medical coverage — can be a headache. Licensed insurance agents at Alliant Medicare Solutions can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation. Associates should contact Fidelity at **800.544.3716** for information regarding their HSA as it relates to Medicare enrollment.

For additional support, call Alliant Medicare Solutions at **877.888.0165** to speak to a licensed insurance agent.

Medical

Understanding Your Options

At SiteOne, we understand the importance of good health as the foundation for a productive life at home and at work. That is why we offer four medical plans to fit your needs and budget.

Please review carefully, as we have made plan name changes and added a new plan! The Value plan is now the Classic PPO, Select Plan is now Choice HSA, Premium Plan is now Premier HSA Plan, and the Performance HSA plan is brand new.

PLAN FEATURES	CLASSIC PPO PLAN	PERFORMANCE HSA PLAN	CHOICE HSA PLAN	PREMIER HSA PLAN
Network of doctors and hospitals	"Open access" network with Price Protection from Imagine360	"Open access" network with Price Protection from Imagine360	Traditional network Cigna Open Access Plus (OAP)	Traditional network Cigna Open Access Plus (OAP)
Plan overview	This plan has the lowest per paycheck cost and requires a copay for office visits and prescriptions. You get the benefit of both paying less per paycheck and generally less when you use your coverage.	This plan has a lower per paycheck cost compared to the Choice HSA and Premier HSA Plans and features a lower deductible. You get the benefit of both paying less per paycheck and having a lower deductible.	This plan has a lower per paycheck cost compared to the Premier HSA Plan but features a higher deductible that needs to be met before coinsurance applies. You pay less per paycheck, but more to use your coverage.	This plan has higher per paycheck costs but features the lowest deductible and out-of-pocket maximum. You pay more per paycheck, but less to use your coverage.
Per paycheck cost	$	$$	$$$	$$$$
Can I contribute to a Health Savings Account (HSA)?	No	Yes Tax-free savings are there if you need to use the funds. You will also receive the automatic company HSA funds if you have successfully opened an HSA account.		
Can I earn wellness incentives?	Yes	Yes	Yes	Yes
Preventive care covered at 100%	Yes	Yes	Yes	Yes

Choosing The Plan That's Right for You

The right benefits for you and your family members may change each year as your needs grow and evolve. Choosing the right medical plan is an important decision that can have short-term and long-term effects on your medical expenses. While our plans are the same in terms of free preventive care and pharmacy network, there are some significant differences that must be considered when choosing a medical plan. The plan that is right for you must be based on your personal life and health situation.

Medical

These plans all provide in-network preventive visits at no cost as well as pharmacy drug coverage. See the chart below to compare deductible, coinsurance, and maximum out-of-pocket costs.

PLAN FEATURES	CLASSIC PPO PLAN *Associate Costs Imagine 360*	PERFORMANCE HSA PLAN *Associate Costs Imagine360*	CHOICE HSA PLAN *Associate Costs Cigna*		PREMIER HSA PLAN *Associate Costs Cigna*	
	All Providers/ Open Network	*All Providers/ Open Network*	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Calendar Year Deductible	$4,000/individual $8,000/family	$2,000/individual $4,000/family	$2,500/individual $5,000/family	$5,000/individual $10,000/family	$1,700/individual $3,400/family	$3,400/individual $6,800/family
Calendar Year Out-of-Pocket Maximum	$6,000/individual $12,000/family	$3,000/individual $6,000/family	$3,500/individual $7,000/family	$90,000	$2,650/individual $5,300/family	$90,000
Coinsurance* (amount you pay after deductible)	30%	20%	20%	50%	20%	50%
Preventive Care	No charge	No charge	No charge	50%	No charge	50%
Virtual Visits	No charge	No charge	20%	Not covered	20%	Not covered
Primary Care Office Visit	$40 copay	20%	20%	50%	20%	50%
Specialist Office Visit	$60 copay	20%	20%	50%	20%	50%
Urgent Care Facility	$100 copay	20%	20%	50%	20%	50%
Emergency Room	30%	20%	20%	20%	20%	20%
Inpatient Hospital	30%	20%	20%	50%	20%	50%
Outpatient Surgery	30%	20%	20%	50%	20%	50%
Diagnostic X-ray and Lab	30%	20%	20%	50%	20%	50%
Prescription Drugs (see page 9)						

*All coinsurance costs shown in this chart are after your deductible has been met

Medical ID cards

Imagine360 members:

Medical ID cards will be sent in the mail. To access your ID card, go to **mibenefits.imagine360.com/login** or the i360miBenefits app. You can also request a physical ID card through mibenefits under "Manage My Plan".

Cigna members:

Medical ID cards are digital. To access your ID card, go to **myCigna.com** or the myCigna app. You can also request a physical ID card through **myCigna.com**.

Medical

The Classic PPO and Performance HSA Plans, Administered by Imagine360

These medical plans are administered through Imagine360 and, just like Cigna, Imagine360 processes and pays claims on behalf of SiteOne. What is different, however, is that these plans include Price Protection — a smarter way to manage healthcare costs. Instead of paying inflated hospital rates, Price Protection bases payments on transparent pricing thats more aligned with the true cost of care.

With Concierge Member Support from Imagine360, you're never alone. You get a dedicated advocate to help you find doctors, answer billing questions, and guide you through your care journey — so you can focus on getting and staying well."

Meet the Performance HSA Plan!

Get to know our newest plan, the Performance HSA Plan through Imagine360! This plan utilizes the "Open" network Price Protection through Imagine360 while also allowing you to have an HSA. This plan has a lower per paycheck cost compared to the Choice HSA and Premier HSA Plans and features a lower deductible. Plus, you get the benefit of both paying less per paycheck and having a lower deductible.

What doctors and hospitals can I use with this type of plan?
You have the ability to go to any doctor or hospital you wish, which means that you do not have to worry about which healthcare providers are in-network or out-of-network; the plan will cover the services the same regardless of where you go. You'll find that some providers will be more familiar with this process than others. If you use one of the preferred providers, it will reduce the risk of a provider stating they do not accept your insurance or being balanced billed.

What if my provider is not familiar with Imagine360?
Your provider may initially have questions about your coverage. Fortunately, they (or you) can always present your ID card as a first line of defense or call Imagine360 with any questions or concerns at **844.799.3904**.

Additionally, as with any plan, a provider or facility may occasionally bill you for an amount above what is listed as the patient's responsibility on your explanation of benefits (EOB). This is known as balance billing. In the rare instance that this happens, Imagine360 will work on your behalf to ensure any balance bills are resolved.

If you think you have received a balance bill, immediately call Imagine360 (no later than 60 days of a bill being generated) at **844.799.3904** and they will help you determine if you have in fact received a balance bill. If it is determined that you have received a balance bill, then Concierge Member Support will be assigned to your case, and they will deal directly with the provider to resolve the issue while keeping you informed every step of the way.

REMEMBER! If you think you have received a balance bill, call Imagine360 at **844.799.3904**! Imagine360 cannot assist you with a balance bill if they do not know about it!

Once coverage is effective, register on the miBenefits portal at **mibenefits.imagine360.com**. This gives you the ability to view claims, find a preferred provider, track deductibles, order a new ID card, and more! You can also download the miBenefits portal app on your mobile device.

imagine360

If you're interested in having a better understanding of these Plans, visit **https://flimp.live/SO-2026-Price-Protect-Video** to learn more.

Medical

The Choice HSA and Premier HSA Plans, Administered by Cigna

Please visit **myCigna.com** for a full description of all programs and resources available to you and your covered dependents. These programs are available to associates and their dependents who are enrolled in a Cigna medical plan.

Cigna One Guide

The personal guides (enhanced customer service team) can help with a variety of concerns including understanding the benefits of the plan, earning incentives, getting treatment, managing chronic conditions, finding doctors/hospitals, and managing life changing diagnoses. Communicate with personal guides via phone, web, app and live chat.

Cigna resources when you need them

Virtual Second Opinion
Get direct access to a second opinion from a Cleveland Clinic expert physician. Visit **cigna.virtual2ndopinionbycc.io**.

Treatment Decision Support
Health coaches provide unbiased information and education on treatment options for common health problems.

Healthy Babies Program
This maternity program offers care, educational materials and support — from prenatal to post-delivery.

Oncology Case Management
Work with specialty care managers and nurses with oncology experience to provide personalized cancer support.

Transplant Case Management
The specialty case management team offers an integrated approach to coordinate treatment, provide education, resources and family support.

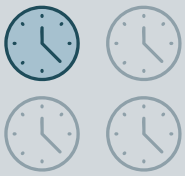
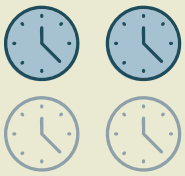
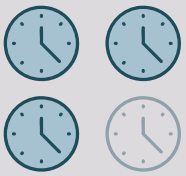
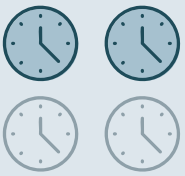
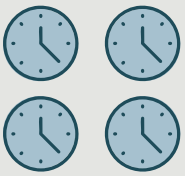
Chronic Kidney Disease Case Management
Integrated approach to assess the stage of disease and develop a personalized treatment plan.

It's important to choose providers in the Open Access Plus Network. Staying within the Cigna Open Access Plus Network will reduce your out-of-pocket medical costs.

If you have questions about the Cigna network, how to search for a local provider, how each plan covers different services, etc. you can call **866.955.SITE (7483)**, visit **myCigna.com**, or download the myCigna mobile app.

Where To Go When You Need Care

Sometimes it's easy to know when you should go to an emergency room (ER), such as when you have severe chest pain. At other times, it's less clear. Where do you go when you have an ear infection, or are generally not feeling well? You have choices for receiving in-network care that work with your schedule and give you access to the kind of care you need. The illustration below can help you decide where to go for different kinds of health concerns.

 VIRTUAL CARE	 RETAIL CLINICS	YOUR DOCTOR	 IMMEDIATE/URGENT CARE	 EMERGENCY ROOM
Around the clock video house calls through MDLIVE (Choice HSA and Premier HSA plans) or Recuro Health (Classic PPO and Performance HSA plan).	For medical care when you can't see your doctor	For non-emergency care	When it's not a true emergency but needs immediate attention	For life-threatening problems or issues that need immediate medical attention
Average wait time: 	Average wait time: 	Average wait time: 	Average wait time: 	Average wait time: 
$	$	$$	$$$	$$$$
• Sore throat • Cold and flu • Rash • Acne • Allergies • Stomachache • Headache • Fever • Behavioral health • UTIs and more	• Sore/strep throat • Cold and flu • Skin problems • Allergies • Infections • Minor injuries/pain • Bronchitis • Shots	• Sore throat • Fever, colds, flu • Cuts / scrapes • Minor allergic reactions • Minor burns • Eye swelling, pain • Stomachache • Ear / sinus pain • Physicals • Preventive Care immunizations/screenings	• Migraines/headaches • Cuts that need stitches • Stomach pain • Sprains/strains • Urinary tract infection • Animal bites • Back pain	• Chest pain, stroke • Seizures • Head or neck injuries • Sudden or severe pain • Heart attack • Severe vomiting, diarrhea • Fainting, dizziness, weakness • Uncontrolled bleeding • Problems breathing • Broken bones

If you are enrolled in a SiteOne medical plan, you will have access to virtual care services through MDLive (Cigna members) and Recuro Health (Imagine360 members). Connect with a board-certified doctor via secure video chat or phone for a wide range of minor conditions including primary care, dermatology, and behavioral health without leaving your home.

Please register as soon as you have your member ID so when you need care, your account is ready to use.

Prescription Drugs

If you are enrolled in one of the medical plans, you automatically have prescription drug coverage through OptumRx.

PLAN FEATURES	CLASSIC PPO PLAN *Associate Costs Imagine 360*	PERFORMANCE HSA PLAN *Associate Costs Imagine360*	CHOICE HSA PLAN *Associate Costs Cigna*	PREMIER HSA PLAN *Associate Costs Cigna*
Calendar Year Deductible	None	Combined with Medical	Combined with Medical	Combined with Medical
Calendar Year Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Prescription Drugs: Retail (up to a 30-day supply)				
Tier 1: Generic	$30	20% after deductible, up to $30	20% after deductible, up to $30	20% after deductible, up to $30
Tier 2: Preferred Brand	$75	20% after deductible, up to $75	20% after deductible, up to $75	20% after deductible, up to $75
Tier 3: Non-Preferred Brand	$200	20% after deductible, up to $200	20% after deductible, up to $200	20% after deductible, up to $200
Tier 4: Specialty	$350	20% after deductible, up to $350	20% after deductible, up to $350	20% after deductible, up to $350
Some Preventive Drugs	$0	0% before deductible	0% before deductible	0% before deductible
Prescription Drugs: Mail Order (up to a 90-day supply)				
Tier 1: Generic	$90	20% after deductible, up to $90	20% after deductible, up to $90	20% after deductible, up to $90
Tier 2: Preferred Brand	$225	20% after deductible, up to $225	20% after deductible, up to $225	20% after deductible, up to $225
Tier 3: Non-Preferred Brand	$600	20% after deductible, up to $600	20% after deductible, up to $600	20% after deductible, up to $600
Some Preventive Drugs	$0	0% before deductible	0% before deductible	0% before deductible

FREE!

SiteOne covers many preventive drugs at 100%

Free preventive medications include certain high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, anti-depressants and prenatal nutrient deficiency drugs. Visit the Benefits and Pay section of Workday to see what prescriptions are on the preventive drug list — and if your medication is free!

Out-of-Network Coverage

There is **no** coverage if you go out of the pharmacy network. Visit **optumrx.com** to see if your pharmacy is in-network.

Prescription Drugs

How to Fill Medications

Short-Term, Non-Maintenance Prescriptions:
Fill at any retail location in the OptumRx network for a 30-day supply, or through home delivery for a 90-day supply.

Long-Term Prescriptions/Maintenance Prescriptions:
You and your family are required to receive 90-day supplies of these medications through OptumRx Home Delivery or at a CVS Pharmacy. Keep in mind, a lot of maintenance medications are considered preventive.

Specialty Pharmacy

If you have a complex or chronic condition (such as rheumatoid arthritis, multiple sclerosis, or psoriasis) then you need a specialty pharmacy. OptumRx specialists can get you the medication you need, along with personalized, clinical support. To get started, visit **specialty.optumrx.com**.

OptumRX Price Edge delivers discount pricing on medications and helps you save!

This discount price solution is available at no charge. It helps you save on generic medications covered by the plan.

How does Price Edge work?

- You're automatically set up! Simply show your ID card and a prescription from your doctor at any network pharmacy.
- Price Edge may lower your costs on certain covered retail and home delivery medications. If your next fill qualifies, you will automatically receive a discount.
- If your prescription is not covered by your plan, you can ask your doctor if another medication is right for you.
- Medication costs will still count toward your out-of-pocket maximum, with or without Price Edge.

To get started with OptumRx Home Delivery, log on to **optumrx.com** or call **855.524.0381**.

Cost of Coverage

2026 Medical and Prescription Drug Rates

MEDICAL PRE-TAX COST PER WEEK*				
	CLASSIC PPO PLAN	PERFORMANCE HSA PLAN	CHOICE HSA PLAN	PREMIER HSA PLAN
Associate Only	$17.40	$24.45	$34.10	$58.20
Associate + Spouse	$60.05	$83.65	$110.30	$165.90
Associate + Child(ren)	$48.30	$75.15	$98.70	$139.05
Family	$87.85	$122.35	$161.30	$252.00

*If you're paid bi-weekly the cost will be updated to a bi-weekly rate

Spousal/Domestic Partner Surcharge

If you cover a spouse or domestic partner who declines coverage at their own employer, a surcharge will be applied.

The Spousal/Domestic Partner Surcharge will be $17.31 per week ($900 per year).

Tobacco Surcharge

If you elect or continue coverage in a SiteOne medical plan at Open Enrollment, you are required to certify your tobacco status.

The Tobacco Surcharge is $11.54 per week ($600 per year) for associates who participate in the medical plan and use tobacco.

You are considered a tobacco user if you have used nicotine products, including e-cigarettes, within the last six months regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.).

The Tobacco Surcharge will be effective through the plan year. You have the opportunity to remove the surcharge for the remainder of the plan year, and have any surcharge amounts refunded to you to the start of the plan year if you complete the Tobacco Cessation Program through ComPsych. See **page 18**.

All associates must attest to your tobacco status during enrollment. A surcharge will be applied at that time based on your tobacco status.

*Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for opportunities to earn the same reward by different means. Contact the Human Resources Service Team at 470.277.7100 who will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you.

Each year, you will be asked to certify your status for tobacco and spousal/domestic partner surcharges. If you do not certify your status during enrollment, SiteOne assumes you're a tobacco user and/or covered spouse/domestic partner has access to other health coverage through his or her own employer therefore the surcharges will be in effect and deducted from your paycheck.

Supplemental Benefits

Even if you're already enrolled in a medical plan, keep in mind that healthcare needs differ from person to person. That's where our supplemental benefit options from SunLife come in! You can choose these benefits to protect your family's finances in case of an unforeseen injury or illness. These benefits are available, even if you do not elect one of our medical plans.

Plan Features

- Associate, spouse, and child(ren) coverage is available.
- Coverage is portable. You can take your policy with you if you change jobs or retire.
- Benefit payment amounts are determined by the covered accident or illness in the schedule of benefits.
- Visit the Benefits and Pay section of Workday for more details about these plans.
- These benefits are available, even if you do not elect one of our medical plans.

Critical Illness Insurance

Critical Illness insurance is designed to help you offset the financial effects of a catastrophic illness. A lump sum cash payment will be provided if you or a covered dependent are diagnosed with a covered illness.

Hospital Care Insurance

Hospital coverage is designed to help you offset the financial effects of you or a covered dependent being admitted or confined to a hospital due to an accident or illness. A lump sum cash payment will be provided to help you take care of those extra expenses.

Accidental Injury Insurance

Accident coverage is designed to help meet the out-of-pocket expenses and extra bills that can follow an accidental injury. A lump sum cash payment will be provided to help you take care of those extra expenses or anything you wish.

Why do you need supplemental insurance?

If you or a loved one has ever experienced cancer, a heart attack, or any other health emergency, you know that recovery takes time and that the medical bills can be enormous. You can't predict the future, but you can be prepared! SiteOne's supplemental insurance plans are here to help provide extra income in the event that you need costly medical care.

The supplemental benefits we offer are voluntary. You have the freedom and flexibility to choose the benefits that meet your needs or make the most sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

Mental Health Resources

In addition to your access to Imagine360 and Cigna providers, Recuro Health and MDLIVE, covered associates and their dependents have access to these mental and behavioral health resources.

Available to associates, spouses, and dependents enrolled in our medical plans.

Talkspace

Online counseling via text, audio, or video messaging is available through Talkspace. Match with therapists who best fit your needs and have access to them five days a week. You never have to wait weeks for your next appointment for support. To access, use the Talkspace App.

- For **Imagine360** members, use "Group and Pension Administrators" as the insurance provider when creating your account.
- For **Cigna** members, use your Cigna log-in information to access this app.

FREE for all associates and their loved ones.

Employee Assistance Program (EAP)

Personal issues and life events can take a toll on your quality of life and work. To help you manage stressful life situations, SiteOne provides you and your family with a free Employee Assistance Program (EAP) through ComPsych Guidance Resources.

Licensed counselors can provide you with access to face-to-face counseling visits as well as legal advice, financial consultation, special needs care, dependent care referrals, other community referrals, college planning, and much more.

- Toll-Free Number 24/7: **844.637.0493**
- Website: **guidanceresources.com**
- Company Web ID: **SiteOne**

Health Savings Account

If you enroll in our Performance HSA, Choice HSA, or Premier HSA medical plan, you'll have access to open a Health Savings Account (HSA) offered through Fidelity Investments. Contributions, earnings and withdrawals that are used for qualifying expenses are tax-free. Here is how the account works:

Are You Eligible

You must be enrolled in SiteOne's Performance HSA, Choice HSA, or Premier HSA medical plan (these plans are qualified high-deductible health plans).

- You cannot be covered by any other "low deductible" health insurance plan
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return
- **You cannot be enrolled in SiteOne's Classic PPO Plan**

How to Open Your HSA

1. After enrollment, please visit **netbenefits.com** to set up your HSA account with Fidelity Investments. If you do not have access to the internet, you can call Fidelity Investments at **800.544.3716** to request a paper application.
2. HSA elections and changes are made on the Fidelity website, not in Workday.
3. Your company contribution will be deposited during the first month of the quarter following the successful opening of your HSA. Please note that if you miss a quarterly contribution, it will not be paid at a later date.

Make Contributions

You may contribute pre-tax funds into an HSA through payroll deductions, up to the IRS maximum contribution limits, which are subject to change each year. If you want to receive the company contribution, you must successfully open your HSA. If you do not open your account, funds cannot be deposited.

Be sure to factor in SiteOne's contributions while you are making contributions. If you contribute more than your 2026 maximum contribution amount, SiteOne cannot make the full employer contribution.

COVERAGE LEVEL	INDIVIDUAL	FAMILY
2026 IRS Maximum Contribution Limits	$4,400	$8,750
SiteOne Contributions	$400	$700
Your 2026 Maximum Contributions	$4,000	$8,050

Associates age 55 and older before December 31, 2026, may contribute an additional $1,000.

Use Your Funds

The money in your HSA can be used to pay for qualified medical, dental and vision costs, such as deductibles and other out-of-pocket expenses now or in the future. View a full list of eligible expenses at **www.irs.gov/pub/irs-pdf/p969.pdf**.

Save Your Funds

You can also use the HSA as a savings account. The account is yours, even if you leave SiteOne, and your funds will roll over each year, accruing interest tax-free.

Flexible Spending Account

SiteOne partners with WEX for Flexible Spending Accounts (FSA). We offer two types of spending accounts to help you save money.

Limited Purpose Flexible Spending Account (LPFSA)

This plan allows you to pay for eligible out-of-pocket **dental and vision** expenses with pre-tax dollars.

Key features:

- Can be used in conjunction with an HSA.
- Set aside up to $3,400.
- You have until March 31, 2027, to submit claims.
- Up to $680 will automatically roll over after March 31, if unused.
- **Medical expenses are not covered.**

Dependent Care Flexible Spending Account (DCFSA)

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars.

Key Features:

- Eligible expenses may include preschool, summer day camp, before or after school programs and daycare for dependent children under age 13. Benefits may also be available for elder care.
- Access money only after it is placed into your account.
- Set aside up to $5,000 per household.
- You have until March 31, 2027, to submit claims.
- Unused amounts do not roll over at the end of the year.
- **Dependent healthcare expenses are not covered.**

Commuter Program

This plan allows associates who live in New Jersey, Illinois or California the opportunity to use pre-tax dollars to help defray some of the employment-related transportation costs. You can set aside $340 a month for reimbursement of transit expenses and up to $340 a month for reimbursement of parking expenses. The limits are set by the IRS and are subject to change.

Spending Account Comparison

	Health Savings Account (HSA)	*Flexible Spending Account (FSA)*
How are they similar?	Both accounts use pre-tax dollars to pay for eligible expenses.	
How are they different?	It's long term. You can save up for major health expenses later in life.	It's short-term. You can save on predictable expenses every year. For 2026 expenses, you must submit for reimbursement by March 31, 2027.
Am I eligible?	Only if you are enrolled in the SiteOne Performance HSA, Choice HSA, or Premier HSA medical plan.	You can enroll regardless of medical plan enrollment.
What expenses are covered?	Eligible medical, dental, and vision expenses.	LPFSA — Eligible dental and vision expenses. Healthcare expenses are not covered. DCFSA — Eligible dependent care expenses like preschool, day care, or elder care.
How much can I contribute?	Up to $4,400 (individual), $8,750 (family), combined with your contributions and SiteOne's. You can change your contributions at any time throughout the year. See **page 14** for details.	You can make elections for the year when you are hired, after a qualifying event, or during Open Enrollment. • LPFSA — $3,400 • DCFSA — $5,000
Do funds roll over?	Yes. Funds roll over from year to year.	Up to $680 will automatically roll over to the next year after March 31.
What happens if I leave SiteOne?	You can take it with you if you change jobs.	You forfeit your remaining FSA balance if you leave SiteOne.

For a list of eligible expenses for the HSA and FSA, visit **www.irs.gov/pub/irs-pdf/p969.pdf**

WellRight: Your Wellness Partner

Your wellbeing is important to us and that's why we offer a variety of wellness activities for you to choose from, along with innovative services and programs to support you and your family. We're excited to share these benefits with you and to help you live your best life.

2026 Program

Starting January 1, if you or you and your spouse are enrolled in one of our medical plans, each of you can earn up to $300 in gift cards.

Complete any of the following activities below to earn your reward!

✔	ACTIVITY	REWARD
✔	**Annual Physical and/or OB/GYN** Complete an annual physical with your health provider	$200 for each
✔	**Recommended age/gender cancer screenings** Talk with your doctor about scheduling a mammogram, prostate, and/or colorectal cancer screening	$75 for each
✔	**Complete an Online Health Assessment** Complete a 10-minute health risk assessment by logging into your WellRight Account	$25
✔	**Attend Online Courses** You can complete online e-learning courses to learn about your SiteOne Wellness Program! You can access this through your WellRight Account	$10
✔	**Complete a health goal with a Wellness Coach** Enroll in a coaching program to meet your health goals • Cigna members can call 877.459.6150 • Imagine360 members can call 800.882.2109	$75
✔	**Complete a Livongo by Teladoc Program** • Diabetes Management: 5 blood glucose checks monthly, for two consecutive months • Hypertension Management: 5 blood pressure checks in the first 30 days or 2 blood pressure checks per month • Weight Management or Diabetes Prevention: 4 weigh-ins per month, for two consecutive months	$75

*Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for opportunities to earn the same reward by different means. Contact the Human Resources Service Team at 470.277.7100 who will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you.

Activities must be completed by September 30, 2026, to receive the gift card reward. All rewards must be redeemed by December 10th.

To learn more about your incentive activities and begin participating, log on to **siteone.wellright.com** or download the WellRight mobile app to participate.

For any questions, email **support@wellright.com** for more help!

Support for Your Health

Additional Benefits for Those Enrolled in a SiteOne Medical Plan

Weight Management, Livongo by Teladoc Health

If you'd like help reaching your health and weight goals, the Livongo by Teladoc Health weight management program may be for you. This program has proven results with 86% of users having lost weight. Here's what you'll get when you join:

- **Top Technology:** Receive a cellular scale to effortlessly track your weigh-ins and automatically log your data in a private dashboard and easy-to-use app. Food and activity tracking is also included to help you understand your lifestyle habits.
- **Personalized Insights:** Get real-time tips and personalized feedback to help you learn to improve — or keep up the good work! Personalized health challenges drive small changes for big wins.
- **Coaching Anytime, Anywhere:** Your expert Livongo coach provides one-on-one support to help you with questions about health, nutrition, or lifestyle changes.

Enroll at **Go.Livongo.com/SITEONE/register** or call **800.945.4355** and use registration code: **SITEONE**.

Livongo Whole Person by Teladoc Health

Livongo Whole Person offers two solutions for those with a qualifying condition, built to make chronic condition management easier.

- **Diabetes Management:** Testing and tracking your blood glucose levels is critical to successfully managing your diabetes. Get unlimited test strips and lancets delivered to your door with no out-of-pocket cost, as well as personalized tips in real-time to help you stay on track and make informed choices.
- **Cardiovascular:** Support for hypertension, dyslipidemia, weight management, and even mental health!

Visit **Go.Livongo.com/SITEONE/register** or call your dedicated Livongo Team at **800.945.4355**.

Hinge Health

The Hinge Health program offers digital physical therapy-based programs for back pain, joint pain, and women's pelvic floor disorders by providing members with a customized experience to reduce the need for surgery and help manage pain.

The program includes free access to a physical therapist, a personal health coach, convenient exercise therapy, and educational articles to help you understand your condition and treatment options. Hinge Health is eligible for anyone 18+.

To enroll in the program, visit **hinge.health/siteone**.

Oshi Health

Are you struggling with bloating, stomach pain, or unexplained digestive symptoms? SiteOne is pleased to provide you access to Oshi Health — a **FREE** in-network provider with our medical plans. Oshi Health is GI care for the whole you. A team of GI experts work across specialties (medical, dietary, and gut-brain) to discover and treat the root cause of your symptoms — whether you have a diagnosis or not. And with available FREE virtual visits, it's easy to get the care you need.

Visit **oshihealth.com/siteone** to get started.

Want to Quit Tobacco — For Good?

We offer a free tobacco cessation program through ComPsych, our Employee Assistance Program (EAP) provider. This program provides a comprehensive plan and one-on-one counseling with a health coach to help you achieve your goals of quitting and staying tobacco free. Contact ComPsych at **844.637.0493** for additional information and to enroll.

If you are currently using tobacco and complete the program by November 30, 2026, the surcharge will be removed for the remainder of the year and the surcharge incurred since January 1 will be refunded.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for opportunities to earn the same reward by different means. Contact the Human Resources Service Team at **470.277.7100** who will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you.

Dental

Good dental care improves your overall health. The Cigna dental plan is designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, the plan covers these services in full with no deductible. You can visit any dentist, but we encourage you to see in-network providers to ensure you are getting the best rate.

Visit **myCigna.com** or myCigna mobile app.

2026 Dental Rates

DENTAL PRE-TAX COST PER WEEK	
Associate Only	$3.50
Associate + Spouse	$8.10
Associate + Child(ren)	$9.20
Family	$13.75

Cigna does not mail out physical ID cards

Your virtual ID card is always available to print directly from mycigna.com or the mycigna app. If you would like to request a physical card, be mailed to you, you can also do this through **mycigna.com** or the mycigna app.

INSURANCE COVERAGE	IN-NETWORK AND OUT-OF-NETWORK
Annual Deductible (waived for preventive services)	$25/individual $50/family
Calendar Year Maximum	$1,500 per person
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	Covered at 100%, no deductible
Basic and Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, bridges, crowns)	50% after deductible
Orthodontic Services for Adults and Dependents (e.g., diagnosis and correction of misalignment of teeth or bite)	50% no deductible $1,500 per person (lifetime maximum)

In-Network vs. Out-of-Network Costs

For example, Cigna covers $600 for a crown.

Out-of-Network Dentist

An out-of-network dentist charges $750 for a crown.
If you go to that dentist, more than likely you will have to cover the additional $150 difference on top of your coinsurance.

In-Network Dentist

An in-network dentist charges $600.
When you go in-network, you're covered because the provider agreed to Cigna's negotiated rate for crowns.

Vision

Our vision plan includes benefits for eye exams, eyeglasses, and contact lenses through UnitedHealthcare. You may visit a provider within the UHC network and take advantage of higher benefits coverage or visit an out-of-network provider of your choice for a reduced benefit. Visit **myuhcvision.com** to search the network.

2026 Vision Rates

VISION PRE-TAX COST PER WEEK	
Associate Only	$0.50
Associate + Spouse	$1.10
Associate + Child(ren)	$0.95
Family	$1.60

United Healthcare does not mail out physical ID cards

You don't need a card to obtain services, but your virtual ID card is always available to print directly from **myuhcvision.com**.

UNITEDHEALTHCARE PLAN			
PLAN FEATURES	**FREQUENCY**	**IN-NETWORK**	**OUT-OF-NETWORK**
Vision Exam	Once every 12 months	$5 copay	$44 allowance
Standard Frames	Once every 12 months	$10 copay ($150 retail frame allowance)	$25 allowance
Standard Lenses	Once every 12 months	$10 copay	Single vision: $35 allowance Bifocals: $53 allowance Trifocals: $70 allowance Lenticular: $87 allowance
Contact Lenses	Once every 12 months (in lieu of glasses)	Formulary: $50 copay for up to 4 boxes Non-Formulary: $105 allowance	$53 allowance

Want to get new frames every year? You can!

It's only a $10 copay for retail frames priced at $150 or less!

Life and Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D

SiteOne provides you with life and accidental death and dismemberment (AD&D) insurance coverage. You automatically receive life and AD&D coverage in the amount of your annual base salary on the first of the month following 30 days of employment.

Voluntary Life and AD&D Insurance

In addition to the Basic Life Insurance and AD&D that SiteOne provides, you may purchase additional life and AD&D insurance for you and your dependents.

- **Associate:** Increments of $25,000 up to 8X annual salary or $1,500,000.
- **Spouse:** Increments of $10,000 up to $250,000 Note: May not exceed your voluntary coverage amount.
- **Child(ren):** $2,500, $5,000, or $10,000. Note: You must enroll in at least $25,000 of voluntary life and AD&D for yourself.

Evidence of Insurability (EOI)

EOI is a process in which you provide information on the condition of your health or your dependent's health to get certain types of insurance coverage. You may need to submit an EOI form if you elect more than the guaranteed issue (GI) amount of 5X salary or $400,000 for yourself or $50,000 for a spouse. Your new election will not be approved until your EOI is approved by SunLife.

Newly eligible associates can elect up to the GI amount without having to complete an EOI form. Any election over the GI amount will require EOI.

During Open Enrollment EOI is required for over 2 increment increase for you, or over 1 increment increase for your spouse up to the GI amount.

LIFE AND AD&D RATES — CALCULATED BY THE ASSOCIATES AGE		
AGE OF ASSOCIATE	**ASSOCIATE MONTHLY RATE PER $1,000**	**ASSOCIATE SPOUSE MONTHLY RATE PER $1,000**
Under 30	$0.053	$0.062
30-34	$0.053	$0.071
35-39	$0.064	$0.087
40-44	$0.088	$0.107
45-49	$0.126	$0.132
50-54	$0.196	$0.226
55-59	$0.310	$0.374
60-64	$0.495	$0.646
60 and over	$0.865	$1.113

CHILD LIFE AND AD&D RATES	
$2,500	$0.31 per month
$5,000	$0.62 per month
$10,000	$1.24 per month

Voluntary Life and AD&D Calculation Example

TOTAL AMOUNT ELECTED / $1,000 X AGE-BASED RATES =	MONTHLY PREMIUM
Elwood is 40 years old and elects $50,000 of coverage. Elwood's Cost: $50,000/$1,000 X $0.088 =	$4.40 per month ($1.02 per week)
Poppy is 45 years old and elects $50,000 of coverage for herself and her spouse. Poppy's Cost: $50,000 / $1,000 X $0.126 =	$6.30 per month ($1.45 per week)
Spouse's Cost: $50,000 / $1,000 X $0.132 =	$6.60 per month ($1.52 per week)
Poppy's Total Cost:	$12.90 per month ($2.97 per week)

For full details, you can request the Summary Plan Description by contacting the HR Service Team via the AskHR portal at **siteone.service-now.com/asksiteone** or email **hr@siteone.com**.

Don't Forget to Designate Your Beneficiary in Workday!

Disability

Company Provided Short-Term Disability (STD)

SiteOne provides you with short-term disability (STD) coverage when you become eligible for benefits. The STD plan provides 65% of your weekly base salary, to a maximum of $4,200 per week for up to 51 weeks of disability. Benefits begin after seven days of disability resulting from an accident, illness or childbirth. See plan document for plan provisions and exclusions.

Please note: If you are employed in a state that has a state-mandated disability plan, your disability benefits will be subject to state law. Please contact Sedgwick at **888.436.9530** for more information or to file a claim.

Company Provided Long-Term Disability (LTD)

Long-term disability (LTD) coverage is also provided and gives you benefits when you need them the most. Think of it as a way to ensure your income in the event of an extended illness or injury. LTD coverage will replace 60% of your annual salary, to a monthly maximum of $10,000, if you are disabled for more than 12 months and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation. See the SunLife plan document for plan provisions and exclusions.

Voluntary Long-Term Disability

Voluntary LTD enhances the employer paid LTD benefit that you receive. You can purchase coverage at $0.215 per $100 to increase your monthly benefit to 70% of your annual salary, up to $15,000 per month, if you cannot work because of a disabling illness or injury.

Why might you need voluntary disability insurance?

No one likes to think about getting hurt and not being able to work, but sometimes life throws you a curveball and a disability or injury keeps you from working for a significant amount of time. If you can't work, you're probably worrying about money instead of focusing on recovery.

That's where voluntary long-term disability insurance comes in. Even if you are young and healthy, you may want a little extra income to help care for yourself and your loved ones.

Legal and ID Theft

Legal Protection with LegalShield

You will have direct access to a dedicated provider law firm with experienced lawyers who have a range of experience. All legal matters are handled 100% in-network and there are no claim forms to fill out or a call center to navigate through. LegalShield provides coverage for the following common legal matters: *

- **General Legal Services:** Advice and consultation, demand letters and phone calls made on the participant's behalf, document review and preparation, and court representation for covered matters.
- **Family Matters:** Administrative hearing, adoption, domestic violence protection, elder care issues, guardianship or conservatorship, immigration assistance, incompetency defense, juvenile court defense, name change, and prenuptial agreement.
- **Auto:** Driver's license restoration, motor vehicle property damage, and moving traffic violations.
- **Estate Planning:** Living will/physician's directive, power of attorney, probate, trusts, wills, and codicils.

Once enrolled, LegalShield will send you a member number and instructions on how to create your account along with contact information for your dedicated provider law firm. You will need this member number to create your LegalShield account on **access.legalshield.com**. Then, download the LegalShield Mobile App and login for direct access to your law firm with questions about any personal matters.

LEGALSHIELD WEEKLY RATE	
Associate Only or Family	$3.63

Need more information or have questions before you enroll? Visit **shieldbenefits.com/siteone**.

Identity Theft Protection with IDShield

Every year millions of people have their identity stolen. IDShield provides identity theft protection and identity restoration services with two different plan options: Associate Only and Family. The benefits of the plan include the following: *

- **Full-Service Restoration and Unlimited Consultation:** If your identity is stolen, IDShield provides direct access to a dedicated Licensed Private Investigator, who will restore your identity to its pre-theft status. You can also talk to an identity theft specialist about any identity theft or online privacy concern. 24/7 emergency assistance is available.
- **Monitoring and Real-Time Alerts:** IDShield monitors your identity, credit, financial accounts, and social media accounts — if a threat is detected, you will receive an alert. IDShield also provides a monthly credit score tracker and reputation management services to protect your online privacy and reputation.
- **Financial Protection:** Financial account monitoring and a $3 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.

If your identity is compromised, IDShield uses Licensed Private Investigators to restore your identity. The coverage includes pre-existing identity theft issues, regardless of time passed and a $1 Million Identity Fraud Protection Plan.

IDShield will send you a member number and instructions on how to create your account when your plan becomes effective. You will need this member number to create your IDShield account at **access.legalshield.com.**

IDSHIELD WEEKLY RATE	
Associate Only or Family	$2.07
Family	$3.91

*Limitations may apply. This is a general overview of coverage. For more information, visit **shieldbenefits.com/siteone** or see a benefit overview under the Benefits and Pay section of Workday for plan details.

Financial Security

401(k)

To help you save for retirement, SiteOne sponsors a 401(k) plan administered by Fidelity Investments. Be sure to designate a beneficiary with Fidelity.

Key Features:

- Pre-tax contributions
- Post-tax (Roth) contributions
- Contribute from 1% to 50% of your earnings
- Generous company match — see below
- Extra catch-up contributions over age 50*

Please note there is no company match on the catch-up contribution.

More features:

- Automatic enrollment at 3% for new associates*
- Automatic increase by 1% every year*

* You may opt out of these by contacting Fidelity at **netbenefits.com** or calling **800.890.4015**.

Financial Wellness

SiteOne wants to help associates take control of their financial situations. As part of that commitment, we have partnered with Fruition to offer resources at no cost to you.

- Retirement and 401(k) planning
- Debt management
- Rent vs. Buy
- Savings strategies
- Student loan payoff
- One-on-one meetings with a professional Money Mentor
- On-demand financial education including lessons, podcasts, blogs, and videos
- Access to budgeting tools and calculators

To learn more about your Financial Wellness Benefit, create a free premium account at **app.meetfruition.com/signup**, select "My company has a subscription", and use the code "SiteOne23" to register. For questions, contact **helpdesk@meetfruition.com**.

Don't miss out on free money from SiteOne

SiteOne **matches 120% of your first 2%, then 40% of the next 4% of your contributions to your 401(k)**. After three years of service, you are 100% vested in the company match.

Company Paid Benefits

Paid Parental Leave

SiteOne's Paid Parental Leave policy provides parents three weeks away from work within the first year of the birth or adoption of a child. During time away, associates will receive 100% of their base pay, offset by any state benefit. Leave must be taken at a minimum of one-week continuous blocks of time. Read the **Paid Parental Leave policy here**.

Paid Time Off Program

Eligible associates accrue PTO each weekly pay period of active employment. Accrual is based upon continuous years of service. Paid time off hours are to be used for your personal leave needs such as illness, vacation, and personal leave. PTO accrues from date of hire. Read the **PTO Policy here**.

Tuition Reimbursement Program

Associates can participate in the SiteOne Tuition Reimbursement Program, which reimburses tuition expenses up to $5,250 per year for approved degree programs at accredited educational institutions up to program limits (full-time, full-time annual layoff, and part-time associates are eligible). Read the **frequently asked questions here**.

SiteOne Associate Purchase Plan

You are entitled to purchase SiteOne products for personal use at 10% above cost (all associates are eligible). Visit your closest Branch to place your order.

Paid Military Leave Benefits

In support of the SiteOne associates who are U.S. military service members, SiteOne offers two types of paid benefits to associates who are benefit eligible.

Military Service Pay offers up to 15 days (120 hours) of paid time per year for military leaves less than 30 days for periods of inactive duty training, annual training, or short-term active duty.

Military Deployment Differential Pay covers the difference in wages between the associate's SiteOne base pay and military base pay. Read the Military Leave policy **here**.

SiteOne CARES

The SiteOne CARES Associate Relief Fund was created to help our associates cope with unexpected financial challenges arising from personal hardships.

- CARES fund helps cover situations like **home fires, funeral costs, damage from natural disasters, and unexpected medical expenses** not covered by insurance.
- **PTO Donation Banks** can provide additional time away from work for associates adversely affected by personal/family medical emergencies or federally declared major disasters.

Visit the Ask HR Service Portal at **siteone.service-now.com/asksiteone** to donate or request assistance from the SiteOne CARES fund or the PTO Donation Banks. You may also call the HR Service Team at **470.277.7100** for additional assistance.

Additional Benefits

Free Programs for Cigna Members

Associates and their families who are enrolled in a Cigna Medical or Cigna Dental plan have access to Healthy Rewards at no cost.

Healthy Rewards

You and your family members can enjoy instant savings using the Cigna Healthy Rewards program. Log in to **myCigna.com** and navigate to the Healthy Rewards Discount Program or call **800.870.3470** to get information on participating providers and save on the programs that are right for you.

Discounts are available for these programs:

- Nutritional meal delivery service
- Fitness memberships and devices
- Vision care
- Lasik surgery
- Hearing aids
- Alternative medicine
- Yoga products
- Virtual workout
- Mind/Body

Free Programs from SunLife

All associates and their families have access to great programs through SunLife at no cost.

Emergency Travel Assistance

SunLife offers emergency assistance through Assist America when you (or your family members) are traveling 100 or more miles from home, either domestically or abroad, and a medical, dental, or personal emergency occurs. For assistance, call **609.986.1234** (outside the US), **800.872.1414** (inside the US), or email **medservices@assistamerica.com**. Reference number: 01-AA-SUL-100101

For more information, visit **www.assistamerica.com**.

ID Theft Protection Services

SunLife offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

- 24/7 Access to Identity Protection Experts
- Credit Card and Document Registration
- Internet Fraud Monitoring
- 24/7 Identity Fraud Support

To learn more and activate identity protection services, visit **assistamerica.com/sunlife**.

Benefits On the Go

Want convenient access to your benefits? Our benefit partners have great apps to make managing your benefits more convenient!

Imagine360

App name: i360 miBenefits | Benefit: Medical
What you can do:

- Email or print ID cards
- Track your deductible and out-of-pocket maximum
- Find care and costs
- Review and manage claims
- Connect with Concierge Member Support team

Cigna

App name: myCigna | Benefit: Medical & Dental
What you can do:

- Email or print medical and dental ID cards
- Track your deductible and out-of-pocket maximum
- Find in-network doctors and dentists and compare costs
- Review coverage details and manage claims
- Access virtual care through MDLIVE

OptumRx

App name: OptumRx | Benefit: Pharmacy
What you can do:

- Find a network pharmacy
- Check drug costs and coverage information
- Manage order and medication reminders

Fidelity

App name: NetBenefits | Benefit: 401(k)
What you can do:

- Monitor account balances
- Review and change investments
- Update your contribution amount
- Get your personal rate of return
- Compare your account performance with your peers in your age group and area
- Access articles, videos, and podcasts in the NetBenefits Library

WellRight

App name: WellRight | Benefit: Wellness
What you can do:

- Log and track your activity
- Check the progress of your challenges
- View your health profile
- Sync a fitness device

Wex

App name: WEX Benefits | Benefit: Flexible Spending Account
What you can do:

- Check balance and account activity
- Receive notifications on claims status
- File a claim and upload documents using your phone's camera
- Scan an item's bar code to determine if it's an IRS code section 213(d) eligible expense

ComPsych

App name: GuidanceNow | Benefit: Employee Assistance Program
What you can do:

- Access articles, podcasts, videos, and slideshows
- Access on-demand trainings, online communities, and chat
- Personalized assessment to assess the 6 pillars of wellbeing

Benefit Contact Information

For general information about your benefits, contact the SiteOne HR Service Team by phone (**470.277.7100**), fax (**770.992.2035**) or email (**hr@siteone.com**). You may also contact the benefit carriers directly at the phone number or website listed below:

BENEFIT	CONTACT	PHONE/EMAIL	WEBSITE
COBRA	WEX	**866.451.3399**	**wexinc.com**
Dental Group #3342869	Cigna	**866.955.SITE (7483)**	**myCigna.com**
Diabetes Care	Livongo by Teladoc	**800.945.4355**	**Go.Livongo.com/SITEONE/register**
Employee Assistance Program (EAP)	ComPsych Guidance Resources	**844.637.0493**	**guidanceresources.com**
Flexible Spending Accounts (FSAs)	WEX	**866.451.3399**	**benefitslogin.wexhealth.com**
Gastrointestinal support	Oshi Health	NA	**oshihealth.com/siteone**
Health Coaching	Livongo by Teladoc	**800.945.4355**	**Go.Livongo.com/SITEONE/register**
Health Savings Account (HSA)	Fidelity Investments	**800.544.3716**	**netbenefits.com**
Identity Theft	LegalShield	**888.807.0407**	**access.legalshield.com**
Legal Plan	LegalShield	**888.807.0407**	**access.legalshield.com**
Life Insurance Group #961816	SunLife	**866.806.3619**	**sunlife.com/us**
Long-Term Disability Group #961816	SunLife	**866.806.3619**	**sunlife.com/us**
Medical Group #H880492	Imagine360	**844.799.3904**	**miBenefits.imagine360.com**
Medical Group #3342869	Cigna	**866.955.SITE (7483)**	**myCigna.com**
Muscular Skeletal Pain Management	Hinge Health	**855.902.2777**	**hinge.health/siteone**
Pharmacy	OptumRx	**855.524.0381**	**optumrx.com**
Savings and Investment Plan (401k)	Fidelity Investments	**800.890.4015**	**netbenefits.com**
Short-Term Disability Group #961816	Sedgwick	**888.436.9530**	**timeoff.sedgwick.com**
Virtual Care Visits	Imagine360: Recuro Health Cigna: MDLIVE	Recuro: **844.715.1724** MDLIVE: **866.955.SITE (7483)**	**miBenefits.imagine360.com**, click "**care**" **myCigna.com**
Virtual Second Opinion **Cigna plan members only**	Cleveland Clinic	**844.777.0788**	**cigna.virtual2ndopinionbycc.io**
Vision Group #902158	UnitedHealthcare	**800.638.3120**	**myuhcvision.com**
Voluntary Benefits Group #961816	SunLife	**866.806.3619**	**sunlife.com/us**
Weight Management	Livongo by Teladoc	**800.945.4355**	**Go.Livongo.com/SITEONE/register**
Wellness	WellRight	**support@wellright.com**	**siteone.wellright.com**

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the 2026 plan documents. It is meant to supplement and/or replace certain information in the plan documents, so retain it for future reference along with your plan documents. Please share these materials with your covered family members.

The benefits outlined in this document are only a summary and are not intended to be controlling. For a detailed description, visit the Carrier website or contact the HR Service Team for the complete contract.

Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com
855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program: **http://myakhipp.com**
866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx**

ARKANSAS – Medicaid
http://myarhipp.com
855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program: **http://dhcs.ca.gov/hipp**
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado: **https://www.healthfirstcolorado.com**
800-221-3943/State Relay 711
CHP+: **https://hcpf.colorado.gov/child-health-plan-plus**
800-359-1991/State Relay 711
HIBI: **https://www.mycohibi.com**
855-692-6442

FLORIDA – Medicaid
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
877-357-3268

GEORGIA – Medicaid
HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
678-564-1162, Press 1
CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid: **https://www.in.gov/medicaid**
http://www.in.gov/fssa/dfr
Family and Social Services Administration:
800-403-0864
Member Services: 800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid**
800-338-8366
Hawki: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki**
800-257-8563
HIPP: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp**
888-346-9562

KANSAS – Medicaid
https://www.kancare.ks.gov
800-792-4884
HIPP Phone: 800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: **https://kynect.ky.gov**
877-524-4718
Medicaid: **https://chfs.ky.gov/agencies/dms**

LOUISIANA – Medicaid
www.medicaid.la.gov or **www.ldh.la.gov/lahipp**
888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE – Medicaid
https://www.mymaineconnection.gov/benefits/s/?language=en_US
800-442-6003 (TTY: Maine relay 711)
Private Health Insurance Premium: **https://www.maine.gov/dhhs/ofi/applications-forms**
800-977-6740 (TTY: Maine relay 711)

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
800-862-4840 (TTY: 711)
masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage
800-657-3672

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov MontanaHealthcare Programs/HIPP
800-694-3084
HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
https://www.medicaid.nv.gov/
800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program: 800-852-3345, ext. 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid: **http://www.state.nj.us/humanservices/dmahs/clients/medicaid**
800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP: **http://www.njfamilycare.org/index.html**
800-701-0710 (TTY: 711)

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid
800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov
919-855-4100

NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare
844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org
888-365-3742

OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx
800-699-9075

PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
800-692-7462
CHIP: **https://www.pa.gov/en/agencies/dhs/resources/chip.html**
800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov
888-549-0820

SOUTH DAKOTA - Medicaid
http://dss.sd.gov
888-828-0059

TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) : **https://medicaid.utah.gov/upp**
upp@utah.gov
888-222-2542
Adult Expansion: **https://medicaid.utah.gov/expansion**
Utah Medicaid Buyout Program: **https://medicaid.utah.gov/buyout-program**
CHIP: **https://chip.utah.gov**

VERMONT– Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program
800-250-8427

VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
800-432-5924

WASHINGTON – Medicaid
https://www.hca.wa.gov
800-562-3022

WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms
http://mywvhipp.com
304-558-1700
CHIP Toll-free phone: 855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
800-362-3002

WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact:

U.S. Department of Labor Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Legal Notices

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% in 2026 of your modified adjusted household income.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. For further details on WHCRA benefits, please refer to the Plan's Summary Plan Description.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA: Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting Human Resources.

Availability Of Privacy Practices Notice

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. This notice is available to you by contacting the Benefits Department.

The Health Care Marketplace

Our coverage qualifies, but you may also obtain coverage through the federal marketplace, or "exchange" as you may have heard it referred. You may only purchase insurance through the exchange if you experience a QLE or during open enrollment. Enrollment itself does not constitute a QLE, so you will not be able to drop our coverage in the event that you enroll during a non-eligible time of the year.

Visit: **www.HealthCare.gov** for more information.

Please note: SiteOne and its affiliates do not have any association with **www.HealthCare.gov** and engagement with the exchange is an individual decision.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in your employer's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

Protections From Disclosure Of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SiteOne may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are United Healthcare wellness coaches, nurses, or benefits advocates in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the SiteOne HR Services Team at **470.277.7100**.

Legal Notices

Notice Regarding Wellness Program

SiteOne's Wellness Program is a voluntary wellness program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve colleague health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening as a part of your annual physical, which will include a blood test for cholesterol and glucose. You are not required to complete the health survey or to participate in the blood test or other medical examinations.

However, associates and those spouses on the medical plan who choose to participate in the wellness program will receive an incentive for completion of your health assessment and annual physical exam. Although you are not required to complete the health survey or participate in the annual physical exam, only associates and those spouses on the medical plan who do so will receive the incentive.

Additional incentives may be available for associates and those spouses on the medical plan who participate in certain health related activities, including completion of wellness activities, Teladoc prevention program, health coaching, cancer screenings, and your tobacco free status. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative action. You may request a reasonable accommodation or an alternative action by contacting the SiteOne HR Services Team at **470.277.7100**.

The information from your health survey and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as chronic disease support, wellness coaching and nursing support. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the SiteOne HR Services Team at **470.277.7100**.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the SiteOne HR Services Team at **470.277.7100**.

Legal Notices

Important Notice About Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SiteOne Landscape Supply has determined that the prescription drug coverage offered by the SiteOne is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your SiteOne Landscape Supply coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under SiteOne is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your SiteOne Landscape Supply prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with SiteOne Landscape Supply and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SiteOne Landscape Supply changes. You also may request a copy of this notice at any time.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at **1-800-772-1213** (TTY **1-800-325-0778**).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2025
Name of Entity/Sender: SiteOne Landscape Supply
Contact-Position/Office: Barb Jones, Benefit Manager
Address: 300 Colonial Center Parkway, 6th floor
Phone Number: **770.277.7100**

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Michelle's Law
The SiteOne Landscape Supply plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify the Benefits Team in writing soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Legal Notices

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the **Access to Care and Treatment Benchmark Plan** [**https://www2.illinois.gov/sites/Insurance/Producers/Documents/Illinois_BMP.pdf**] and the **Pediatric Dental Plan** [**https://www2.illinois.gov/sites/Insurance/Producers/Documents/IL_AllKids_Dental_Plan.pdf**] to reference the pages listed below.

Employer Name: SiteOne Landscape Supply, LLC
Employer State of Situs: Utah
Name of Issuer: Cigna and Imagine360
Plan Marketing Name: Premier HSA, Performance HSA, Choice HSA and Classic PPO Plans
Plan Year: 2026

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page Number Reference**	**Employer Plan Covered Benefit?**
1	Accidental Injury — Dental	Ambulatory	Pages 10 and 17	Yes
2	Allergy Injections and Testing	Ambulatory	Page 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pages 17 and 35	Yes
4	Durable Medical Equipment	Ambulatory	Page 13	Yes
5	Hospice	Ambulatory	Page 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pages 23 – 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Page 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pages 15 – 16	Yes
9	Private-Duty Nursing	Ambulatory	Pages 17 and 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Page 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Page 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pages 13 and 24	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Page 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pages 4 and 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Page 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pages 24 – 25	Yes
17	Reconstructive Surgery	Hospitalization	Pages 25 – 26, 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Page 15	Yes
19	Skilled Nursing Facility	Hospitalization	Page 21	Yes
20	Transplants — Human Organ Transplants (Including transportation and lodging)	Hospitalization	Pages 18 and 31	Yes
21	Diagnostic Services	Laboratory services	Pages 6 and 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Page 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pages 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Page 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pages 9 and 21	Yes
26	Tele-Psychiatry	MH/SUD	Page 11	Yes

Legal Notices

ILLINOIS ESSENTIAL HEALTH BENEFIT (EHB) LISTING (P.A. 102-0630)				
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page Number Reference**	**Employer Plan Covered Benefit?**
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Page 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pages 26 – 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pages 8 and 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pages 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pages 12 and 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pages 13 and 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pages 11 and 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pages 31 – 32	Yes
36	Mammography — Screening	Preventive and Wellness Services	Pages 12, 15, and 24	Yes
37	Osteoporosis — Bone Mass Measurement	Preventive and Wellness Services	Pages 12 and 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Page 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Page 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pages 10 and 19	Yes
41	Chiropractic and Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pages 12 – 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pages 8, 9, 11, 12, 22, and 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Notes


SiteOne
LANDSCAPE SUPPLY